

Taylor

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Rec'd Form

FORM <b>DR-2</b> (Rev. 03/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	5-2155
Logged In	
Scanned	
Audited	
Computer	db

COMMITTEE NAME (Must be same as on Statement of Organization)

Lenox AIDS Committee

IMPORTANT: Indicate type of committee you are reporting for: ☒

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
(8) Support State of Candidates

### CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party

Office Sought

District (if Senate or House)

MAY 14 2003

Anna Z. P. Morgan  
SIGNATURE OF TREASURER (or person filing this report)

641-333-2634  
TELEPHONE

5-14-03  
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

### SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1<sup>st</sup> Month After Election/Disqualification REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.  
(report date)

Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
<u>4/22/03</u>
County & Local Committees, enter County in which Election is held

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1030.22

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

0

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .... \$

0

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

\$1030.22

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 0

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0

### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

For Instructions, See Back of Form

# CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

Revised Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

LENOX KIDS Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
2/28/03	ID# CK#	BARKER IMPLEMENT 1098 ST Hwy 49 N LENOX, IA 50851		\$ 100.00	<input type="checkbox"/>
2/28/03	ID# CK#	BUNCH HARDWARE 104-106 N MAIN LENOX, IA 50851		100.00	<input type="checkbox"/>
2/28/03	ID# CK#	TRI-COUNTY VETERINARY SERVICE 103 E TEMPLE LENOX, IA 50851		100.00	<input type="checkbox"/>
2/28/03	ID# CK#	BENDER/REYNOLDS AGENCY 119 N. MAIN LENOX, IA 50851		100.00	<input type="checkbox"/>
2/28/03	ID# CK#	TYLER PHARMACY 107 N. MAIN LENOX, IA 50851		100.00	<input type="checkbox"/>
2/28/03	ID# CK#	LENOX DEVELOPMENT CORP 200 N MAIN LENOX, IA 50851		500.00	<input type="checkbox"/>
3/4/03	ID# CK#	MICHAELS FOODS 100 PAPETTI PKWY LENOX, IA 50851		100.00	<input type="checkbox"/>
3/10/03	ID# CK#	CHEZZES 200 N. WALNUT LENOX, IA 50851		100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last page of this schedule)

\$ 1200

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 02/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lenox KIDS Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-6-03	ID# CK# 001	VERONICA AGUILA	TRANSLATING BROCHURE	\$50.00
3-10-03	ID# CK# 002	POST MASTER	PRE-STAMPED ENVELOPES	29.25
3-27-03	ID# CK# 003	AEA 14 Creston, IA	Printing Brochures	8.33
4-15-03	ID# CK# 004	AEA 14 Creston, IA	Printing Brochures	82.20
4- -03	ID# CK# 005	Post Master Lenox, IA	Envelopes & Postage	\$121.79
4- -03	ID# CK# 006	Lenox Time Table	Adds in Paper	400.00
4- -03	ID# CK# 007	Joe's Signs Lenox, IA	Signs for Yards	100.00
4- -03	ID# CK# 008	AEA 14 Creston, IA	Printing	\$34.25
SUB-TOTAL				\$825.82
TOTAL (if last page of this schedule)				\$ <del>1615.82</del>

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 55.6(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Resct Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONEY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Lenox KIDS Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-13-03	ID# CK# 009	State of Iowa	Late fee	\$ 20.00
5-13-03	ID# CK# 010	Lenox School District	Building	354.18
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 374.18  
TOTAL (if last page of this schedule) \$ 1,200.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 58.8(3)(l).)

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(for Schedule B)